

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214512739						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: MEDCO CONTAINMENT LIFE INSURANCE COMPANY</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY BANK OF AMERICA CENTER, 16TH FLOOR 1111 EAST MAIN STREET</p> <p>RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: PA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 3/31/2014</p> <p>SCC ID NO: F0186595</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMA</td> <td>150</td> </tr> <tr> <td>COMB</td> <td>50</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMA	150	COMB	50
CLASS	AUTHORIZED							
COMA	150							
COMB	50							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 5010 RITTER ROAD SUITE 115</p> <p style="text-align: center;">CITY/ST/ZIP: MECHANICSBURG, PA 17055</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: BRIT PIM TITLE: PRESIDENT ADDRESS: ONE EXPRESS WAY CITY/ST/ZIP/CO: ST. LOUIS, MO 63121 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: BRIT PIM TITLE: PRESIDENT ADDRESS: ONE EXPRESS WAY CITY/ST/ZIP/CO: ST. LOUIS, MO 63121	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR	
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL LOONEY ASST SECRETARY 5010 RITTER ROAD SUITE 115 MECHANICSBURG, PA 17055	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIT PIM CHAIRMAN ONE EXPRESS WAY ST. LOUIS, MO 63121	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIT PIM CEO ONE EXPRESS WAY ST. LOUIS, MO 63121	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW HARPER CFO 5010 RITTER ROAD SUITE 115 MECHANICSBURG, PA 17055	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW HARPER VICE PRESIDENT 5010 RITTER ROAD SUITE 115 MECHANICSBURG, PA 17055	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW D HARPER TREASURER 5010 RITTER ROAD SUITE 115 MECHANICSBURG, PA 17055	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MARTIN AKINS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARTIN AKINS, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	3/10/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			